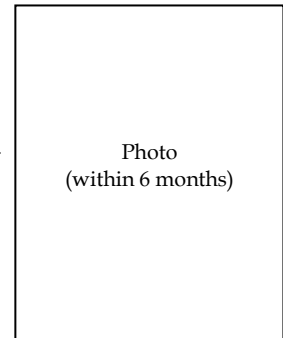


Application for Admission- 2021-2022 Kindergarten / Elementary

Date: _____ / _____ / _____
Month Day Year

Proposed Date of Enrollment at TYIS: _____ / _____ / _____
Month Day Year

Prospective Grade: K5 / G1 / G2 / G3 / G4 / G5 / G6



General Information (Please Print or Type)

Student's Name: _____ Male / Female
First Middle Last

Name in Kanji (if applicable): _____ / In (Katakana) _____

Date of Birth: _____ / _____ / _____ Nationality: _____
Month Day Year

Current Address: _____
_____ Zip Code: _____

Address in Japan: _____
_____ Zip Code: _____

Daytime Contact Phone: _____ Fax: _____

Family Information

Father's Name: _____ Nationality: _____

Father's Employer: _____

Address: _____ Phone: _____

Father's Cell phone: _____ Email: _____

Mother's Name: _____ Nationality: _____

Mother's Employer: _____

Address: _____ Phone: _____

Mother's Cell phone: _____ Email: _____

Tokyo YMCA International School



| | | | | |
|----------------|----------------|-------|-----------|----------------|
| Sibling's Name | Brother/Sister | Age | Birthdate | Current School |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Child (ren) is/are living with: Mother Father Grandmother Grandfather Brother(s) Sister(s)

Language(s) Background Information

Language spoken at home: 1) _____ 2) _____ 3) _____

Father's spoken language(s): 1) _____ 2) _____ 3) _____

Mother's spoken language(s): 1) _____ 2) _____ 3) _____

Is English used in the home? Yes _____ No _____

Has your child studied in an English-based school? Yes _____ No _____

If yes, where?

From (year/age) _____ to (year/age) _____

Has your child had any (other) English experience? Yes _____ No _____

If yes, where? _____

How many hours per week? _____ From (year/age) _____ to (year/age) _____

Are you willing to provide additional support at home with your child's studies?

Yes _____ No _____

If English is not your child's first language, please estimate his/her level of competence:

English is first language English is second language Speaks minimal English

Academic Background Information

| Name of Current School | Location | Date Enrolled/ Grade | Date Withdrawn Last Full Grade Completed |
|-------------------------|----------|----------------------|---|
| | | | |
| Name of Previous School | Location | Date Enrolled/ Grade | Date Withdrawn Last Full Grade Completed |
| | | | |
| | | | |

Why did you choose TYIS?

How long do you plan to stay at TYIS?

How would you describe your child's strengths? Weaknesses?

What are your educational goals for your child?

Does your child have any special learning needs?

Has your child ever been held back or skipped a grade?

Where did you hear about TYIS?

School Bus

Do you have interest in using the school bus service?

Yes

No

Parent's signature

_____/_____/_____
Month Day Year

Letter of Recommendation 推薦状

(To be completed by the applicant's current teacher) 出願者が現在通われている学校の先生により記入願います。

Student's Name: _____
 生徒の名前 First 名前 Middle ミドルネーム Last 苗字

Current Grade: Pre / K5 / G1 / G2 / G3 / G4 / G5 / G6 / G7 / G8 / G9
 現在の学年 4歳 / 5歳 / 小1 / 小2 / 小3 / 小4 / 小5 / 小6 / 中1 / 中2 / 中3

Date of Birth: (MM/DD/YY) : _____
 生徒の生年月日 月 日 年

Name of School 学校名 : _____ Date : _____
 記入日

Address of School 学校の住所 : _____

Name and title of person completing this form : _____
 推薦状記入者のお名前

How long and in what capacity (ies) have you known the applicant?
 どれくらいの期間、生徒のことを知っていますか？またどのような立場で生徒と関わっていますか？

Please evaluate the applicant in relation to his/her fellow students according to the following criteria:
 下記の当てはまるところに○をして下さい。

| | | Excellent 大変よい | Good よい | Average 平均 | Poor もう少し |
|-----------------------------|--|-------------------|------------|---------------|--------------|
| Academic Qualities | Attendance 出席率 | | | | |
| | Academic Potential 学習能力 | | | | |
| | Intellectual Curiosity 学習意欲 | | | | |
| | Study Habits 学習習慣 | | | | |
| | Independent Work Skills 自習能力 | | | | |
| | Ability to Communicate Ideas アイデアを伝える能力 | | | | |
| | Critical Thinking Skills 客観的、批判的思考力 | | | | |
| | Class Participation クラスへの参加 | | | | |
| | Overall Assessment 学習面における総合評価 | | | | |
| Personal Qualities | Honesty 正直さ | | | | |
| | Emotional Stability 感情の安定度 | | | | |
| | Self-Confidence 自分に対する自信 | | | | |
| | Concern for Others 他人への思いやり | | | | |
| | Maturity 成熟度 | | | | |
| | Personal Behavior 生活態度 | | | | |
| | Independence 自立心 | | | | |
| | Leadership リーダーシップ | | | | |
| | Social Relations 社会性 | | | | |
| Cooperative Work Skills 協調性 | | | | | |

Letter of Recommendation

1. Please list some of the applicant's strengths and weaknesses.
(Including gifted/remedial program and current reading grade level)
この生徒の長所と短所を述べてください。

2. Do you have any concerns about the applicant's behavior at school? If so, please describe these concerns.
学校で何か問題とされる行動や態度などがありますか？ありましたら記入をお願いします。

3. How would you evaluate the parent's level of support and cooperation?
保護者の学校へのサポートや学校行事等への参加状況はどうですか？

4. Overall, is the applicant academically focused and socially mature?
総合的に、この生徒は学習面において意欲的であり、社会性が発達している生徒ですか？

5. Do you feel confident to recommend this student for a position at TYIS?
この生徒を TYIS に自信を持って推薦しますか？

Teacher's Signature 教師のサイン

Date: 日にち

Please send this completed form directly to: Tokyo YMCA International School, 2-2-20 Toyo, Koto-ku, Tokyo 135-0016
こちらの推薦状は、記入後、直接、東京 YMCA インターナショナルスクールに郵送して下さい。
〒135-0016 東京都江東区東陽 2-2-20 東京 YMCA インターナショナルスクール 行

TYIS Letter of Agreement (1)

General Issues

1. In signing this agreement, I certify that my child is healthy and free of problems that could adversely affect his/her studying, or that of other students at TYIS.
2. I grant permission for my child to participate in all planned school studies and activities. I hereby grant TYIS and its agent full authority to take whatever actions they deem necessary regarding my child's health and safety, and I fully release TYIS from any liability in connection therein. I understand that prudent attempts will be made to contact the undersigned immediately in case of emergency. I understand that I will be responsible for payment of all medical bills issued to my child incurred as a result of an emergency.
3. I understand that my child must comply with the school's rules and standards of conduct, and that TYIS may terminate my child's participation in the school's programs if he/she does not maintain these standards.
4. I understand that TYIS is not responsible for lost, stolen, or damaged personal articles.
5. If I must withdraw my child from TYIS before the end of the school year, I agree to notify TYIS, in writing, of my child's last day of attendance two (2) weeks prior to the withdrawal date.
6. I understand the health policies of the school and realize that ultimately TYIS is not responsible if a COVID-19 case or other health issue happens at school or with my child.

Parent Responsibilities

1. For K5 and Grade 1 parents: I will be responsible for notifying the school about changes to pick up my child after school, including by someone other than myself.
2. I will be responsible for my child's actions after school hours (all grade levels).

I have read and fully understand and agree to the above mentioned terms of the agreement for TYIS school year.

Parent's signature

Date

TYIS Letter of Agreement (2)

Photo Release Policy

1. I hereby grant permission to the Tokyo YMCA International School (TYIS) to use my child's photograph on its website or in other official printed publications without further consideration, and I acknowledge the school's (or its representative) right to crop or alter the photograph at its discretion. I also acknowledge that TYIS may choose not to use my child's photo at this time, but may do so at its own discretion at a later date.
2. I also understand that once my child's image is posted on the TYIS website, the image can be downloaded by any computer user on or off campus. Therefore, I agree to hold harmless the following from any claims:
 - Tokyo YMCA and all members of its boards of directors
 - Tokyo YMCA International School
 - All employees of the Tokyo YMCA International School and Tokyo YMCA
3. I understand that TYIS reserves the right to discontinue use of photos without notice.

I have read and fully understand and agree to the above mentioned terms of the agreement for TYIS school year.

Parent's signature

Date

TYIS Letter of Agreement (3)

Payment of Fees

1. Student enrollment at TYIS is verified upon completion of all admission procedures and receipt of all fees.
2. Annual tuition fees are due by the end of June of the preceding school year for the following year. Trimester tuition fees are due by the end of June (of the preceding school year), mid-November, and end of February.
3. An invoice for the amount due will be sent via your child or by post, and must be remitted using the bank transfer system. All transfer fees are the responsibility of the applicant’s parents or guardians.
4. Past due tuition of more than thirty (30) days may result in the student being withdrawn from the program. **Withdrawal due to non-payment of tuition does not release an applicant from the foregoing tuition responsibilities.**
5. Students on a long term leave of absence (a trimester or longer) but want to have a classroom slot guaranteed upon their return are required to pay 50% of the tuition, the maintenance fee and the administration fee during their leave of absence. If parents do not want to guarantee a slot upon their return to TYIS, they are required to pay the entrance fee upon re-admission to the school as with all new applicants.
6. Which payment type do you prefer?

Payment Type: Annual/Single payment plan Termly/Installment (3 times) plan

Refund Policies

1. The Entrance Fee and the School Development Fee are **non-refundable**.
2. Students who withdraw before the end of the academic year will be refunded as follows:
 - 1) Withdrawal date effective on the final day of the trimester: the tuition, the ASK fee, the maintenance fee and the bus fee will be refunded.
 - 2) Withdrawal date effective after a trimester has already begun, the tuition and the ASK fee for that trimester are non-refundable. The maintenance fee and the bus fee will be refunded at the prorated amount for the remainder of the trimester/school year.

I have read and fully understand and agree to the above mentioned terms of the agreement for TYIS school year.

 Parent’s signature

 Date

TYIS Letter of Agreement (4)

Computer Use

1. I will use TYIS computers, keyboards, digital cameras, printers and scanners only with the permission of a TYIS staff member.
2. I will use the equipment carefully and avoid any change or damage to the computer system or its software. I agree that any damage resulting from misuse of the equipment is my responsibility.
3. I will respect the work and files of others and agree not to open, copy, move, change, delete or damage files and folders that are not mine.
4. I will use TYIS Internet only with the supervision (in the computer lab) of an adult, while using the internet appropriately.
5. I will not download software programs or images without the permission of a TYIS staff member.
6. I will never give out personal information about myself or others (name, address, phone number, photo, name and location of school) over the Internet or social media.
7. I will not subscribe to or signup for game sites or auctions, or anything that requires a subscription of any sort.
8. If I have my own e-mail account, I will use it responsibly in the following manner:
 - I will always identify myself as the sender of an e-mail message.
 - I will be kind and respectful of others and use appropriate language in my messages.
 - I will use my account to send only e-mail messages. I understand that no attachments are allowed.
 - I will not download and/or open attachments from messages I receive on this account at school.

I have read and fully understand and agree to the "Computer Use" for TYIS.

Parent's signature

Date

Grade 3 and above are required to sign the computer use statement.

Student's signature

Date

Health History

(To be completed by the parent or guardian)

Student's Name: _____ Male / Female
First Middle Last

Medical History (To be completed by parents)

| | Yes | No | Reaction (if any) |
|--|-----|----|-------------------|
| Asthma | | | |
| Diabetes | | | |
| Heart Disease | | | |
| Seizures | | | |
| Congenital Anomalies | | | |
| Serious Injuries / Accidents / Long term illness Any limitations? | | | |
| Major Surgery (Operations) Any limitations? | | | |
| Drug Allergies | | | |
| Food Allergies | | | |
| Other Allergies | | | |
| Other Health Concerns | | | |

Routine Medications: (To be completed by parents)

| Medication | Reason for taking | Dosage | Specific Times Taken/Day |
|------------|-------------------|--------|--------------------------|
| | | | |
| | | | |

Dietary (Place a check mark beside the following if your child have one)

Does not eat meat
 Does not eat pork
 Does not eat beef
 Does not eat eggs
 Does not eat poultry
 Does not eat seafood
 Does not eat dairy products
 Other: _____

Immunizations Received

Please give all dates (To be completed by parent or guardian)

| Immunization Name | Additional Information | Date |
|--|-------------------------------------|------|
| Diphtheria / Pertussis / Tetanus (DPT) | First Series | |
| Tetanus / Diphtheria (Td) or (TD) Booster | | |
| Oral Polio | | |
| Combined Measles / Mumps / Rubella (MMR) | 1 st and 2 nd | |
| Rubeola (Red Measles) | Live Virus Vaccine | |
| Rubella | (3-Day or German Measles) | |
| Mumps | | |
| Hepatitis A | | |
| Hepatitis B | | |
| BCG | | |
| Other (List) | | |

Place a checkmark beside the following illnesses the child has had:

Measles Chicken Pox German Measles Mumps Hepatitis A Hepatitis B Hepatitis C

Name of Family Doctor in Japan (if you have one): _____

Doctor's Phone Number: _____

Doctor's Office Address: _____

Please attach a photocopy of parent's health insurance card; include both the front page, and the page showing the name of the child.

Certificate of Physical Examination

For Participation in Sports and Activities; To be completed by a physician

Student Name _____ Examination Date: _____

Physician's name: _____

Address: _____ Phone: _____

| | | |
|---|---------------|-----------------------|
| Height: _____ | Weight: _____ | Blood Pressure: _____ |
| | | |
| | Normal | Abnormal |
| Skin | | |
| Head/Scalp | | |
| Eyes | | |
| Vision (R/L) | | |
| Ears (R/L) | | |
| Nose/Throat | | |
| Mouth/Teeth/Gums | | |
| Chest/Lungs | | |
| Heart | | |
| Abdomen | | |
| Musculoskeletal | | |
| Neurological | | |
| Nutrition | | |
| Other physical limitation/restriction, etc (please specify) | | |
| Laboratory Results (Please specify) | | |

General comments:

On the basis of examination, I approve this child's participation in school sports. ___Yes ___No

Physician's signature: _____ Date: _____